

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 18 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30329

1. PLACE OF DEATH

County Perry
Township Staley
City (No.)

Registration District No. 662
Primary Registration District No. 5880

File No. _____
Registered No. 12 St. _____ Ward _____

2. FULL NAME

John H. Vernon Jr.
(a) Residence, No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Perry Co (STATE OR COUNTRY) Mo

FATHER 13. NAME John H. Vernon

14. BIRTHPLACE (CITY OR TOWN) Madison Co (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Thelma Strasser

16. BIRTHPLACE (CITY OR TOWN) Perry Co (STATE OR COUNTRY) Mo

17. INFORMANT John H. Vernon (ADDRESS) Cross town Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crosstown DATE Aug 8 1934

19. UNDERTAKER Young & Fendrick (ADDRESS) Perryville Mo.

20. FILED 8-8- 1934 J. De Lasso Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1934, to Aug 6th 1934

I last saw him alive on Aug 6th 1934. Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cholera infantum
1934

Other contributory causes of importance: 1200

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. A. Parks, M. D.

(Address) Perryville, Mo.

